STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004442	A. BUILDING _____ B. WING _____	R-C 08/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENNETT HOUSE	3928 HORNE AVE NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00108333 completed on 06/08/2012. Complaint IN00108333 - Corrected. Survey dates: August 22 and 23, 2012 Facility number: 004442 Provider number: 004442 AIM number: NA Survey team: Gloria J. Reisert, MSW Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 5 Bennett House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00108333. Quality review 8/24/12 by Suzanne Williams, RN	{R 000}		